

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90046 016 ***150.00

DOCUMENT # J58015

1. Entity Name
ERICKSON CUSTOM POOLS AND SPAS, INC.



Principal Place of Business

1295 W HWY 50
STE A
CLERMONT, FL 34711

Mailing Address

1295 W HWY 50
STE A
CLERMONT, FL 34711

50018835



01182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

16201 E. HWY 50
Suite, Apt. #, etc.
301

3. Mailing Address

16201 E. HWY 50
Suite, Apt. #, etc.
301

City & State

CLERMONT, FL

City & State

CLERMONT

Zip

34711

Country

Zip

FL

Country

34711

4. FEI Number
59-2764649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NILS, ERICKSON C
949 BEVILLE ROAD, BLDG. D
DAYTONA BEACH, FL 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
ERICKSON, NILS C.
7023 S ATLANTIC AVE
NEW SMYRNA BCH, FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ERICKSON, ANGELA MARLOWE
7023 S ATLANTIC AVE
NEW SMYRNA BCH, FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #